



FOSTER FAMILY HOME PHYSICAL ENVIRONMENT CHECKLIST

State Form 53186 (R / 9-07) / CW 3417
DEPARTMENT OF CHILD SERVICES

Date of home visit (<i>month, day, year</i>)	Resource identification number
Name of applicant present	Telephone number ()
Address (<i>number and street, city, state, and ZIP code</i>)	
Number of children in the home	Number of children applying for
Name of Family Case Manager (FCM) / Foster Care Licensing staff	

	Yes	No	Not Applicable
1. Interior and exterior premises are clean and free from dangerous or hazardous conditions.			
2. Resource family has a working land line or cell phone.			
3. Living areas are safe, comfortable, and accessible.			
4. Bedroom space includes 50 square feet per foster child.			
5. No bedrooms are in a hall or basement.			
6. All children have their own beds.			
7. Every sleeping room has two (2) exits.			
8. Home has a functioning bathroom.			
9. Home is well heated and properly ventilated.			
10. Household poisons, cleaners, and detergents are out of reach of children.			
11. Unloaded firearms and ammunition are stored in separate locked places.			
12. Received documentation that all pets have up-to-date rabies vaccinations.			
13. Home has operational smoke detectors on all levels.			
14. Home has a 2-1/2 pound ABC fire extinguisher in the kitchen.			
15. Furnace, stoves, heaters, etc., appear to be properly ventilated and operational.			
16. Cooking and refrigeration equipment is in clean and sanitary condition.			
17. Examined electrical wiring is not exposed.			
18. Resource family has access to transportation.			
19. Walls do not have any peeling or chipped paint observed.			
20. Well water analysis completed.			
Have city water.			
21. Copy of driver license and auto insurance, if applicable.			

Comments or follow-up visit required:

Signature of applicant	Date (<i>month, day, year</i>)
Signature of Family Case Manager (FCM) / Foster Care Licensing staff	Date (<i>month, day, year</i>)